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7. CD-ROM or CD-R in duplicate, large table or
Computer Program (*Appendix*)
8. Nucleotide and/or Amino Acid Sequence Submission
(*if applicable, all necessary*)
- a. X Computer Readable Form (CRF)
- b. Specification Sequence Listing on:
- i. CD-ROM or CD-R (2 copies); or
- ii. X paper (50 pgs.)
- c. X Statements verifying identity of above copies (2 pgs.)

9. Assignment Papers (cover sheet & document(s))

10. 37 CFR 3.73(b) Statement _____ Power of Attorney
(when there is an assignee)

11. English Translation Document (if applicable)

12. X Information Disclosure _____ Copies of IDS
Statement (IDS)/PTO/SB/08 X Citations

13. Preliminary Amendment

14. X Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)

15. Certified Copy of Priority Document(s)
(if foreign priority is claimed)

16. Nonpublication Request under 35 U.S.C. 122(b)(2)(B)(i).
Applicant must attach form PTO/SB/35 or its equivalent.

17. Other: _____

DNAX Research, Inc.
901 California Ave.
Palo Alto, CA 94304
Telephone: (650) 496-6400
Facsimile: (650) 496-1200

Dec. 29, 2003

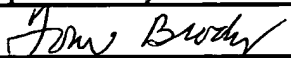
MELANIE LYONS

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<h1 style="margin: 0;">FEE TRANSMITTAL</h1> <h2 style="margin: 0;">for FY 2003</h2> <p style="margin: 5px 0 0 20px;">Effective 01/01/2003. Patent fees are subject to annual revision.</p>		Complete if Known	
		Application Number	
		Filing Date	December 29, 2003
		First Named Inventor	Daniel M. GORMAN
		Examiner Name	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Art Unit	
TOTAL AMOUNT OF PAYMENT	(\$) 0	Attorney Docket No.	DX01170K1

METHOD OF PAYMENT (check all that apply)	FEE CALCULATION (continued)																																																																																																																																																																																																										
___ Check ___ Credit Card ___ Other ___ None <input checked="" type="checkbox"/> Deposit Account: Deposit Account Number: <u>04-1239</u> Deposit Account Name: <u>DNAX Research, Inc.</u> The Commissioner is authorized to: (check all that apply) <input type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input checked="" type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.	3. 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SUBMITTED BY		(Complete (if applicable))	
Name (Print/Type)	Tom Brody	Registration No.	46,433
Signature		Telephone	1-650-496-6400
		Date	Dec. 29, 2003

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